

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90007 032 ***150.00

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DOCUMENT # P06000018535 1. Entity Name GILMORE OFFICE CLEANING, INC.					
Principal Place of Business 4601 NE 14TH AVE POMPANO BEACH, FL 33064			Mailing Address 4601 NE 14TH AVE POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2800 E. Commercial Blvd. Suite, Apt. #, etc. Ste. 208		02192007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-4294673	
City & State		City & State Fort Lauderdale FL		Applied For Not Applicable	
Zip		Zip 33308		Country U.S.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FELDMAN, PETER 3670 SOUTH OCEAN BLVD 505 SOUTH PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent Name Allen H. Katz P.A. Street Address (P.O. Box Number is Not Acceptable) 2800 E. Commercial Blvd. Ste 208 Ft. Lauderdale, FL 33308 City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Allen H. Katz P.A.</u> DATE <u>2-20-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete NAME GILMORE, BETTY STREET ADDRESS 4601 NE 14TH AVE CITY-ST-ZIP POMPANO BEACH, FL 33064		TITLE VP <input type="checkbox"/> Delete NAME GILMORE, TRACEY STREET ADDRESS 4601 NE 14TH AVE CITY-ST-ZIP POMPANO BEACH, FL 33064		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Betty Gilmore</u> <u>Betty Gilmore</u> X <u>2/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					